	OCT 27 1937.	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	Do not use this space.
	1. PLACE OF DEATH County Officers Township	Registration Distri	on District No. 3039	File No. 35542 Registered No. 2 4 2
	2. FULL NAME OUT (a) Residence, No. 2. (Usual place of abody) Length of residence in city or to by where de		Dausoff 3 Ward Ohe	St. Ward  To A Color of two and State) eign birth? yrs. mos. ds
=	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
		Single, Married, Widowed, or Divoked ( <i>write</i> the word)	21. DATE OF DEATH (MONTH, DAY, AND 22. HEREBY CERT 21. 197	
-	(OR) WIFE OF  DATE OF BIRTH (MONTH, DAY, AND YEAR)	bowed.	I last saw h	1 / <del>M</del>
11	AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs. ormin.		ated causes of importance were as follows:
ATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	euse/Celfo	- Juddy del	Malun
OCCUF	saw mill, bank, etc	11. Total time (years) spent in this occupation	Other contributory causes of importan	ice: (1)
FATHER 12	BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)	apriso.	Khhingati	c mpellar
	14. BIRTHPLACE (CITY OR TOWN)	Kelley	Name of operation	Date of
отнек	15. MAIDEN NAMELLIA	mellolo	23. If death was due to external cause  **Accident, suicide, or homicide?  Where did injury occur?	es (violence), fill in also the following:
₩ <u>₹</u>	16. BIRTHILACE (CITY OR TOWN) (STATE OR COUNTRY)	in a year	(Specify whether injury occurred in ind	my city or town, county, and State)
17.	INFORMAND OR DEMOVAL	The Marie	Manner of injury	
2	fretopa / an	DATISE SET 2610.	7	related to occupation of deceased?
19.	UNDERTAKER TEMPTA (ADDRESS)	were don	(Signed)	M. Value
20	FILED Sept 25 10 By al	lew U. Hans Registrar.	(Address)	nitati wa

